

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403613146

Date Received:
12/04/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10699
Name of Operator: OWN RESOURCES OPERATING LLC
Address: 305 S RIDGE STREET #6279
City: BRECKENRIDGE State: CO Zip: 80424

Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Edwardson, Dylan		dylan.edwardson@state.co.us
Dolezal, Pat	(970) 332-3585	pat.dolezal@ownresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 701007552
Inspection Date: 10/24/2023 FIR Submit Date: 10/26/2023 FIR Status:

Inspected Operator Information:

Company Name: OWN RESOURCES OPERATING LLC Company Number: 10699
Address: 305 S RIDGE STREET #6279
City: BRECKENRIDGE State: CO Zip: 80424

LOCATION - Location ID: 303034

Location Name: ALLEN-SCHOBE-63S43W Number: 7CNE County: YUMA
Qtrqtr: CNE Sec: 7 Twp: 3S Range: 43W Meridian: 6
Latitude: 39.815020 Longitude: -102.225718

FACILITY - API Number: 05-125- -00 Facility ID: 252310

Facility Name: ALLEN-SCHOBE Number: 1-7
Qtrqtr: CNE Sec: 7 Twp: 3S Range: 43W Meridian: 6
Latitude: 39.815020 Longitude: -102.225718

CORRECTIVE ACTIONS:

1 CA# 187059

Corrective Action: Remove VGS for Allen-Schobe 1-7 to begin final reclamation Date: 11/24/2023

Response: CA COMPLETED Date of Completion: 11/30/2023

Operator Comment: Equipment has been removed

ECMC Decision:

ECMC Representative: _____

2 CA# 187060

Corrective Action: Remove meter run to begin final reclamation Date: 11/24/2023

Response: CA COMPLETED Date of Completion: 11/30/2023

Operator Comment: Equipment has been removed

ECMC Decision: _____

ECMC Representative: _____

3 CA# 187061

Corrective Action: Cut, cap and cover wellhead. Remove VGS and meter run for Allen-Schobe 1-7 Date: _____

Response: CA COMPLETED Date of Completion: 11/30/2023

Operator Comment: Wellbore has been cut and capped

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Pat Dolezal Signed: _____

Title: Regulatory Specialist Date: 12/4/2023 8:43:30 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

Document Number	Description
403613146	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files